

FAX COVER SHEET

BARTON COUNSELING
 FAMILY, MARITAL & INDIVIDUAL THERAPY
 211 SOUTH ROUTE 100
 ALLENTOWN, PA. 18104

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DATE: 9/14/01 NO. OF PAGES: 3
 (INCLUDING COVER)
 FROM: ~~BRENDA BARTON, LSW~~ *Shonda Bear Moralis, LSW*
 FAX: 610-368-1520
 PHONE: 610-368-8118

TO: *Doug Adams*

RE: *Lisa Bailey*

MESSAGE: *Doug- I rec'd your msg re: a fax sent in July. I rec'd this fax from you 9/5/01 and faxed back to you on 9/6/01. Is this what you are referring to? Did you receive this on Sept 6?*
Pb let me know that you received this fax.

I do not normally sign off on clients for disability - I defer to their physicians or pb psychiatrists.

Shonda Bear Moralis



Mental Health Provider's Statement

The claimant is responsible for completion of this form without expense to the company.
If you have any questions, please call (800) 325-7377.

To Be Completed By Claimant

Personal Data	Name	Lisa Bailey		Social Security Number	-172-56-3732	Birthdate (MM/DD/YYYY)	9/5/74
	Address (Include Number, Street, Town, State, Zip Code)						Telephone Number
	4098 Locust Dr Northampton PA 18067						(610) 760-1822
	Employer's Name	Aetna USHC		Occupation	Date Last Worked		
	Prescribing Physician	Telephone Number ()					
Therapist's Name	Shonda Bear Moralis, LSW						Telephone Number (610) 346-8116

To Be Completed By Provider

Diagnoses	ICD-IV CODE	DSM-IV MULTIAXIAL DIAGNOSES
		I 309.28
		II V71.09
		III None
		IV V62.20
	V (Present OAF): (Highest in past Year): (Gon):	
	60	75 75

Symptom Assessment	Current Disabling Symptoms
	Subjective Symptoms: headaches, frequent crying, "stress"
	Objective Signs (mental status abnormalities and results of any other diagnostic testing):
Interpersonal Stressors	Work Stressors
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please describe: work relationships	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please describe: relationships
If there has been a recent hospitalization, indicate where, when and why: no	

Treatment Plan	Treatment	Date of First Visit	Date of Last Visit
	<input checked="" type="checkbox"/> Individual Therapy <input type="checkbox"/> Group Therapy <input type="checkbox"/> Medication Management	8/13/01	8/31/01
	Is this patient still under your care for this condition? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please indicate date service terminated		
	Frequency of Visits		
	<input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
	Show responsibility in keeping appointments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:		
Goals of Treatment: stress, empower et			
Progress Toward Goals: moderate			

To Be Completed By Provider (cont'd)																																																																																	
Medication Treatment	Medication (dose and frequency taken) n/a <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant, please explain: <input type="checkbox"/> Improvement <input type="checkbox"/> No Improvement, please explain planned changes: Side Effects: <input type="checkbox"/> No <input type="checkbox"/> Yes, please identify:																																																																																
Competency	Is this person competent to sign checks and direct the use of the proceeds thereof? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																
Functional Abilities	<p>Please check off the appropriate response of the person's ability to adapt to these specific job situations at this time</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Unlimited</th> <th style="width: 10%; text-align: center;">Somewhat Limited</th> <th style="width: 10%; text-align: center;">Markedly Limited</th> <th style="width: 10%; text-align: center;">Unable to Perform</th> </tr> </thead> <tbody> <tr><td>Follow work rules</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Perform repetitive, or short cycle work</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td 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(Please provide rationale here, if not already provided.)</p> <p>What functional restrictions have been placed on this person?</p>		Unlimited	Somewhat Limited	Markedly Limited	Unable to Perform	Follow work rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform repetitive, or short cycle work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform at a constant pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform a variety of duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understand, remember and carry out complex job instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attain set limits and standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interact with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interact with the public/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use judgment and make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct, control or plan activities of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influence people in their opinions, attitudes and judgments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing personal feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work alone or apart in physical isolation from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prognosis	<p>What is the person's prognosis for return to own/usual occupation? <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Good</p> <p>What is the person's prognosis for return to any occupation? <input type="checkbox"/> Poor <input type="checkbox"/> Guarded <input checked="" type="checkbox"/> Good</p> <p>What is the estimated date for return to work? _____</p> <p>Could this person benefit from vocational rehabilitation services at this time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																																																																
Provider Information	<p>Name: <u>Shonda Bear Morales, LSW</u> Specialty: <u>Therapist</u> Degree: <u>LSW, MSW</u></p> <p>Address (include Number, Street, Town, State, Zip Code): <u>211 S Rte 100 Allentown PA 18706</u> Telephone Number: <u>(610) 366-8116</u></p> <p><small>Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant. California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties. Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.</small></p> <p>Signature: <u>[Signature]</u> Date: <u>9/6/01</u></p>																																																																																